

**VIRGINIA STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE  
PO BOX 1157, RICHMOND VIRGINIA 23218 804-371-9631  
Overnight Mailing Address: 1300 E Main Street, Richmond, VA 23219**

PIN4052  
DEC 2003

**APPLICATION FOR AGENCY LICENSE → FEE = \$15 (FIFTEEN DOLLARS) PER LICENSE TYPE**

This form is to be completed by a corporation, a partnership, or a limited liability company. A sole proprietorship is not required to be licensed as an agency. **The nonrefundable application processing fee must be by certified check, bank or teller's check, company check, or money order made payable to the State Corporation Commission. No personal or agency checks will be accepted unless certified, and no cash will be accepted.** An appointment is required within six months upon issuance of the license. Failure to obtain an appointment under the license during the prescribed period will result in the Bureau of Insurance terminating the license.

FEIN*		<input type="checkbox"/> 007 - Life and Annuities <input type="checkbox"/> 008 - Health <input type="checkbox"/> 009 - Variable Contracts <input type="checkbox"/> 030 - Property and Casualty <input type="checkbox"/> 033 - Title	
Agency Name*			
Business Address (Physical Street)*		P.O. Box	City, State, Zip*
Mailing Address		P.O. Box	City, State, Zip
Business Phone Number*	Business Fax Number	Business E-Mail Address	Business Web Site Address
Agency Trade Name (If different from agency name)			

State of Incorporation*	ID Number* (Assigned by Clerk's Office in VA)	Incorporation Date (MMDDYY)*
OR		
State of Organization*	ID Number*	Organization Date (MMDDYY)*
OR		
State Where Partnership Formed*	Recordation Date (MMDDYY)*	

**PART 1 - CERTIFICATION**

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, HEREBY CERTIFIES THAT THE INFORMATION PROVIDED ON BOTH SIDES OF THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE COMPLETE BOTH PAGES OF THIS FORM. FIELDS MARKED WITH AN ASTERISK (\*) ARE REQUIRED.  
IF NOT APPLICABLE, MARK "N/A."**

FEIN: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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## **PART 2 - ALL APPLICANTS**

1. Do you understand that if the agency is a partnership, each active partner and each employee who will sell, solicit, or negotiate insurance in the name of the firm, must obtain and hold a license of the same type or if the agency is a corporation, each officer, director, and employee who will solicit, negotiate, procure, or effect insurance in the name of the corporation must obtain and hold a license of the same type?  
☐ Yes ☐ No
2. Identify at least one licensed agent associated with the agency (corporation, partnership, or limited liability company):  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
3. Has the agency ever been the subject of an administrative proceeding or disciplinary action of any kind regarding any insurance or other professional or occupational license, including: revocation or suspension of a license; refusal to issue or renew a license; fine or penalty; settlement or consent order; or agreement to voluntarily surrender a license as the result of a complaint or investigation?  
☐ Yes ☐ No *If so, and you have not previously filed this information with this Bureau, attach a copy of the official document which demonstrates the charges and final judgment and a detailed explanation.*

## **PART 3 - RESIDENTS ONLY**

Virginia domiciled corporations, limited liability companies, or limited partnerships **must** attach a copy of its Certificate of Incorporation, Certificate of Organization, or Certificate of Limited Partnership issued by the Clerk's office.

## **PART 4 - NON-RESIDENTS ONLY**

1. Attach a current (no more than 90 days old) certification from the state insurance department where the agency is incorporated/domiciled or where the principal office is located.
2. A copy of the "certificate of authority" issued by the Clerk of the Commission is required. The "certificate of authority" is available by contacting the Clerk's Office at 804-371-9733. Failure to provide a copy of the "certificate of authority" will result in the application being denied.

## **PART 5 - IMPORTANT NOTICE**

Sections 38.2-1822 E and 38.2-1826 of the Code of Virginia require each agency to report to the Commission and to every insurer that it represents any change in its address or name within 30 days, and to immediately notify the Commission upon adoption of an assumed or fictitious name (trade name).

Pursuant to § 38.2-1833 of the Code of Virginia, a licensed agent may sell, solicit, or negotiate insurance on behalf of an insurer by which he is not appointed **ONLY** for 45 days from the date of execution of the first application solicited on behalf of such insurer, and **ONLY** if a request for appointment is submitted to such insurer along with or prior to submission of such first application.

In accordance with § 38.2-1819 C, and by signing this application, except where prohibited by state or federal law, you hereby appoint the Clerk of the Commission the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this license.

By applying for this license, you, on behalf of the agency, are agreeing that information relevant to its status as a licensed insurance agency in Virginia, including but not limited to its name, business address, FEIN, license and appointment status, and investigation or disciplinary action summary data may be reported to the National Association of Insurance Commissioners and to other state insurance regulatory authorities or other interested parties. By applying for licensure in the Commonwealth, you, on behalf of the agency are acknowledging that you are familiar with and agree to comply with the Insurance and Related Laws of Virginia.

**PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BLOCK.**